COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2004 - JUNE 30, 2005

DIVISION/UNIT:	North_	Central	Region	Public	Health	Cent
				1 40110	11001011	
VOLUNTEER PRO	OGRAM BEN	EFITS:				
	VOLUNTEERS n, groups, corpo			nclude cor	nmunity v	oluntee
No. Vol2_	Hours	177	\$17.55	=	\$3,	106.35
Types of work perfo	rmed by GENE	RAL VOLU	NTEERS in	this categ	ory:	
Assisted with recal	1 letters to cust	omers, acted	as interprete	er, organiz	ed files	
b. INSTITUTIO	ONAL VOLUN inmates, PIC/RI	TEERS (th	is section sl	nould incl	ude court	referra
	Hours			· =		
Types of work perfo					s category	•
- / F						
CDECIALIZI		DDC (this as	estion about		<u> </u>	f Connai
volunteers is example, an positions ha	ED VOLUNTE in positions reattorney, physical verifiable rease indicate the	ician, sports compensatio	s figure or on the figure of t	celebrity). /CL). If	These sp	ecialize such
volunteer, pl	Hoı	<u>irs</u> x	VCL	=	<u>Dolla</u>	r Bene
volunteer, pl Position				=	\$	
volunteer, pl		x				
volunteer, pl	Total H			 Гotal Value		

5.73

....

-	No. of Volu	unteers	Hours	<u>Do</u>	llar Benefit
2	2a:	2	177		\$3,106.35
2	2b:			\$	
2				\$	
TOTAL				\$3,106.3	<u> </u>
Please donation	list all dona	gible/intangible s, etc. Please assi	artment's Volu	inteer Program includes such as compute et value to each and a	ling <u>monetar</u> rs, air time dd to the tota
		Value	_	Item Donated	Value_
		\$			3
		<u>\$</u>	_	\$	S
			Γ	TOTAL VALUE \$	
VOLUN	NTEER PRO	OGRAM COSTS			
a. (Cost of direc	t supervision of	: volunteers (tota	al hours of direct supeng program volunteers	ervision times
a. (Cost of directions of the contract of the cont	t supervision of	: volunteers (tota	al hours of direct supeng program volunteers	ervision times
a. (Cost of directions of the courly rate of 26	x Rate \$ gram coordination times he dination of staff, cements and recognized	volunteers (total rectly supervision) 39.61 = (total hours ourly rate of compiling statements)	al hours of direct supeng program volunteers \$\frac{\$\\$1,425.96}{}\$	section should

	c. Other program costs (volunteer training materials/sup etc.):	plies, recognition costs
	Item	Cost
	TOTAL OF OTHER PROGRAM COSTS = \$	
		·
	d. TOTAL OF VOLUNTEER PROGRAM COST = \$ (add 4a, 4b, and 4c)	1,693.21
5.	NET BENEFIT TO DEPARTMENT FROM VOLUNTEER	PROGRAM:
	a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$ <u>3,106.35</u>
	b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$
	ADD a + b	\$
	c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	(\$_1,693.21)
	TOTAL PROGRAM BENEFIT	\$ <u>1,413.14</u>

6.	RECRUITING:							
	Please describe your recruiting programs:							
	Recruited through SDSU Graduate Student Intern Program and also had a call-in from							
some	eone requesting to volunteer.							
7.	SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:							
	Please describe any special activities and/or achievements your program was involved in during the period of this report:							
	The SDSU Student Intern was extremely helpful in working with our immunization							
progr of ag	ram to try to increase the percent of children up-to-date with their immunizations by 2 years te. This is a goal in our business plan.							
8.	VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06: Please describe your program goals. Include activities, number of volunteers,							
	Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:							
Wou UCS	ld like to either obtain another SDSU Graduate Student Intern or volunteer from D to assist with the public health center immunization program.							
9.	GENERAL INFORMATION:							
	Name of Person Completing Report: <u>Linda Lake</u>							
<u>Lind</u>	Phone Number: (858) 490-4423 Mail Stop N513 E-Mail a.Lake@sdcounty.ca.gov							
	Volunteer Coordinator: Same as above							
	Phone Number: Mail Stop E-Mail							
10.	DEPARTMENT CERTIFICATION:							
	$\left(\frac{1}{2} \right)$							
	8/0/0							
	DEPARTMENT HEAD SIGNATURE DATE							

(Nick Macchion)